

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MDWFP		CONTACT PERSON Annette Clark		TELEPHONE NUMBER 601-432-2020	
ADDRESS 1505 Eastover Drive		CITY Jackson		STATE MS	ZIP 39211
EMAIL annettec@mdwfp.state.ms.us	SUBMIT DATE 6-28-12	Name or number of rule(s): F-3818			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Boat Limit for Crappie on FCR's

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §§ 49-7-41, 49-7-90 & 49-1-29

List all rules repealed, amended, or suspended by the proposed rule: F-3818

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

x ☐ Presently, an oral proceeding is not scheduled on this rule.

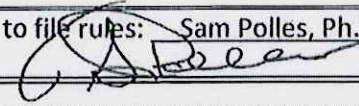
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


**ECONOMIC IMPACT STATEMENT:**

x ☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> New rule(s) Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed: 5-29-12</b> <b>Action taken:</b> x Adopted with no changes in text Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> x 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Sam Polles, Ph.D., Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	 Accepted for filing by 18955E CB

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.